

PRENATAL PLUS PROGRAM

Instructions to stop participation in the Prenatal Plus Program

Purpose: Providers who no longer wish to participate in the Prenatal Plus Program can

submit the following information in writing to the Department of Health Care

Policy and Financing.

Suggested (1) Name of Billing Provider

Areas to

Include: (2) Medicaid Billing Provider ID

(3) National Provider Identifier

(4) Date of disenrollment

(5) Reason(s) for ending participation (e.g., lack of participation, inadequate funds,

etc.)

How to Submit: (1) In writing via the following address:

Colorado Department of Health Care Policy and Financing

ATTN: Prenatal Plus Program

1570 Grant Street Denver, CO 80203

-or-

(2) In an e-mail to Kirstin.Michel@state.co.us, Subject: Prenatal Plus Program

disenrollment

Please contact Kirstin Michel at Kirstin.Michel@state.co.us or (303) 866 – 2844 if you have any questions or need assistance.